



2007 Washington Rural Heritage Grant APPLICATION FORM

| | |
|---|--|
| Project name | |
| Amount of funding requested | |
| Library or branch submitting this application | |
| Service area population | |
| Library or system director | |
| Person with contracting authority, if different | |
| Title | |
| Organization name | |
| Mailing address | |
| City | |
| Zip | |
| Telephone | |
| Fax: | |
| E-mail | |
| Project manager | |
| Title | |
| Organization name | |
| Mailing address | |
| City | |
| Zip | |
| Telephone | |
| Fax: | |
| E-mail | |
| Alternate e-mail | |

We affirm that the information included in this application is true. If this application is funded, we will sign a funding agreement and complete the activities in this application by August 15, 2008. We agree to participate in information gathering as a part of a state-administered evaluation of the project.

 Library/System Director Signature/Date

 Project Manager Signature/Date

 Contracting Authority (if different) Signature/Date

**Washington Rural Heritage
2007 Grant Application Form**

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|--|--|
| Federal employer/Tax ID# (IRS issued) | |
| Fiscal agent name | |
| Title | |
| Organization name | |
| Fiscal mailing address | |
| Fiscal city | |
| Fiscal zip | |
| Fiscal telephone | |
| Fiscal fax | |
| Fiscal e-mail | |
| Reimbursement Information | |
| Payee, if different from library | |
| Mailing address for reimbursements, if different from fiscal agent | |
| City | |
| Zip | |

As the Fiscal Agent, I am authorized by the applicant organization's governing body to obligate it to financial liabilities and I am accountable for the integrity of the official accounting system and the financial statements that system provides. I declare that the necessary fiscal policies and procedures exist to assure compliance with the Federal regulations in general and specifically with the Office of Management and Budget (OMB) Cost Principles applicable to the applicant organization, and conformance with generally accepted audit standards.

Fiscal Agent Signature/Date

Washington Rural Heritage Grant

CRITERIA

Your library will qualify to apply if you answer yes to all of the following criteria. This completed form must be returned with your application in order for the application to be accepted for review.

| <u>CRITERIA</u> | | <u>Yes</u> | <u>No</u> |
|-----------------|---|------------|-----------|
| 1. | Your library serves a population of 25,000 or less or your library branch serves in an area whose population is 25,000 or less. | | |
| 2. | Your library is a public library within the state of Washington (see list of public libraries in the state of Washington http://www.secstate.wa.gov/library/libraries/libDev/downloads/directory/PublicLibraries.pdf) | | |
| 3. | You commit to submitting at least 50 items to the Washington Rural Heritage collection by the end of the grant cycle, August 15, 2008. | | |
| 4. | You commit to following the digitization specifications and metadata guidelines developed by Washington Rural Heritage (see application guidelines). | | |
| 5. | Your library will sign an intergovernmental agreement stating it has all rights and permissions to the material and grants permission to the Office of the Secretary of State, Washington State Library to publish the submitted items online. | | |
| 6. | The application is postmarked or delivered no later than 4 p.m., Friday, February 15, 2008. Applications posted after Friday, February 15, 2008 will not be accepted for review. | | |
| 7. | You commit to submitting a final report at the end of the project. | | |

**Washington Rural Heritage
2007 Grant Application Form**

The following criteria will be used to review and evaluate all parts of the application. In general, grant reviewers will look for:

- A clearly represented and concisely written proposal
- Sufficient detail to understand the problem, need or opportunity
- Sufficient detail to understand how the proposal will be implemented
- Evidence of planning for the future in terms of project sustainability
- Evidence that your project and library fits within the scope of the Washington Rural Heritage initiative and collection.

Please respond to the following:

1. In two or three sentences, briefly describe the digitization project that you are proposing.

Review and evaluation:

Question is worth 10 points

- Who is involved
- What collection or items are being digitized

2. Please describe in more detail your proposed project and process of implementation. If you are partnering with another institution, please explain the role or involvement of your collaborative partner. Note: Equipment used for this project must be able to produce items to the specifications noted (see grant guidelines).

Review and evaluation:

Question is worth 20 points

- Current access to original items or collection you're proposing to digitize
- Significance of items or collection to community
- Means of digitization (list equipment or training needed, services contracted, etc.)
- Who will implement the project phases and what is their expertise

3. Please describe consideration of rights and permissions for digital publishing.

Review and evaluation:

Question is worth 15 points

- Does your library have permission to publish items online
- Has/will your library gain rights and permission from collaborative partner(s)
- "Fair Use" as a provision to publish (steps involved in research)

4. What is the impact of having online access to these items?

Review and evaluation:

Question is worth 15 points

- Who is the primary audience
- How will library use and promote the online collection
- Consideration of or steps planned for increased requests for material (original as well as digital copies)

5. Does your library have any experience with digitization projects?

Review and evaluation:

Question is worth 10 points

- If yes, explain
- If no, explain how you will make the project successful
- Evidence your library will benefit from grant funds

6. Does your library have or plan to develop strategic planning that includes digitization and online access to local material?

Review and evaluation:

Question is worth 10 points

- Evidence of project sustainability
- Evidence of leadership support

7. How will you determine if your project is successful?

Review and evaluation:

Question is worth 10 points

- Describe the desired outcome
- Level of benefit to library, partner organization, community
- Use of quantitative evidence

8. List the major activities or steps involved in completing the project. Include the name of the person responsible for implementation of the activity and when the activity is expected to be completed. **Include evidence of grant administration requirements.** (Limit response to no more than one page.)

Review and evaluation:

Question is worth 20 points

- A logical and sound process of implementation
- A description of the tasks to be performed from contract execution to project closeout

| ACTIVITY | PERSON(S) RESPONSIBLE | EXPECTED COMPLETION DATE |
|----------|--------------------------|--------------------------------|
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9. Describe the project's budget using the form below. Round amounts listed to the nearest dollar. Please list any digital imaging equipment used for the project that is being provided by your library or another institution under question #2.

Review and evaluation:

Question is worth 20 points

- A budget that is complete and accurate
- A short narrative statement for each of the budget categories, describing what items are included within the proposal, and how the budget figure was determined within that category

Washington Rural Heritage Grant

BUDGET FORM

| Category | Grant Funds Requested | Other Funding* (Describe) | Description |
|---|-----------------------|---------------------------|-------------|
| All Staff Salary, Wages, and Benefits | | | |
| Contracts with Others | | | |
| Travel and Training | | | |
| Equipment | | | |
| Expendable Supplies or Materials | | | |
| Other-Itemized | | | |
| TOTAL REQUEST (Grant funds requested are not to exceed \$5,000) | | | |

* Please note: In-kind matching funds are not required for eligibility.

**Washington Rural Heritage
2007 Grant Application Form**

10. In the table below, list any institutional collaborative partner(s): (Contact information for the project manager should be entered on the first page of this application.)

For each institutional partner of the project, list the primary staff member who is involved in the development/implementation of the project, his/her title, and contact information.

Review and evaluation:

- This question is not scored

Duplicate this table for each additional partner.

| | |
|-------------------------------|--|
| Partner institution | |
| Type of institution | |
| Primary staff member involved | |
| Title of staff member | |
| Street address | |
| City | |
| Zip | |
| Telephone | |
| Fax | |
| E-mail | |
| Alternate e-mail | |